

Unannounced Care Inspection Report

27 June 2017



The Glebe Care Centre

Type of Service: Nursing Home (NH)

Address: 12 Glebe Road, Carnmoney, Newtownabbey, BT36 6UW

Tel no: 028 9084 8212

Inspector: James Lavery

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 38 persons.

3.0 Service details

| | |
|---|---|
| Registered organisation/registered person: Larchwood Care Homes (NI) Ltd/ Christopher Walsh | Registered manager: Geraldine Boyce |
| Person in charge of the home at the time of inspection: Geraldine Boyce | Date manager registered: 28 June 2012 |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years. | Number of registered places: 38 consisting of RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH |

4.0 Inspection summary

An unannounced inspection took place on 27 June 2017 from 09.25 to 17.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The term 'patients' is used to describe those living in The Glebe Care Centre which provides both nursing and residential care.

Evidence of good practice was found in relation to governance arrangements for the management of staff; management of accidents and incidents; staff awareness relating to adult safeguarding; fire safety standards and practices.

Areas for improvement under regulation were identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations; care records relating to care delivery; ensuring the safe internal environment of the home and registration requirements. Areas for improvement under standards included the condition of some internal furnishings impacting infection prevention and control (IPC) standards; the dining experience of patients; and governance processes relating to quality assurance.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 6* | 7* |

*The total number of areas for improvement includes two regulations and two standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Geraldine Boyce, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 28 February 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 28 February 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

- pre-inspection audit

During the inspection the inspector met with six patients, six staff, two patients' visitors/representatives and two visiting professionals. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff not on duty; ten for relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 19 June to 7 July 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 February 2017

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref Regulation 12 (2) (a) (b) Stated: First time | <p>The registered provider must ensure that suitable measures are put in place to ensure patients health and welfare. This requirement is made specifically in regards to the stairwell on the first floor. A risk assessment should be undertaken and any outcomes shared with staff and relevant others to ensure that patients are not exposed to unnecessary risks and to ensure that all staff use such equipment appropriately at all times.</p> | Not met |
| | <p>Action taken as confirmed during the inspection: Observation of the stair gate at the top of the stairwell directly opposite the first floor nursing station evidenced that it was left open and unattended for a prolonged period of time. This is discussed further in section 6.4.</p> <p>This area for improvement has not been met and has been stated for a second time.</p> | |
| Area for improvement 1 Ref Regulation 14 (2) (a) (c) Stated: First time | <p>The registered provider must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> | Not met |
| | <p>Action taken as confirmed during the inspection: During a review of the environment the inspector identified two separate areas where patients could potentially have had access to harmful chemicals. This is discussed further in section 6.4.</p> <p>This area for improvement has not been met and has been stated for a second time.</p> | |

| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
|---|---|---------------------------------|
| Area for improvement 1 Ref: Standard 46 Stated: First time | The registered provider should ensure that all moving and handling equipment is stored within the home in adherence with best practice guidance on infection prevention and control. | Met |
| | Action taken as confirmed during the inspection: Observation throughout the home evidenced that manual handling equipment was appropriately stored in adherence with best practice guidance on infection prevention and control. | |
| Area for improvement 2 Ref: Standard 4 Stated: First time | The registered provider should ensure that where restraint or restrictive practices are being employed, relevant risk assessments should reflect this and demonstrate how the intervention(s) being implemented is necessary and proportionate. Collaboration with the patient and/or representative and members of the multidisciplinary team MDT should be evidenced as appropriate. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and a review of care records evidenced that where restraint or restrictive practices were being employed, the intervention was assessed and only implemented if considered necessary and proportionate. Collaboration with the patient and/or representative and members of the MDT was evidenced as appropriate. | |
| Area for improvement 3 Ref: Standard 22 Stated: First time | The registered provider should ensure that patients who are assessed as being at a risk of falling receive appropriate levels of supervision so as to ensure that they receive effective and person centred care at all times. | Met |
| | Action taken as confirmed during the inspection: Observation of patients throughout the home and a review of care records evidenced that patients who were assessed as being at a risk of falling received appropriate levels of supervision so as to ensure that they received effective and person centred care. | |

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|--|--|-----------------------|
| <p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> | <p>The registered provider should ensure that all practices and routines within the home promote and safeguard the principles of patient dignity and respect at all times, specifically in relation to the serving of meals.</p> | <p>Not met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Observation of the dining room on the first floor highlighted that eight patients waited 15 minutes before being served their lunch. This observation is discussed further in section 6.6.</p> <p>This area for improvement has not been met and has been stated for a second time.</p> | | |
| <p>Area for improvement 5</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> | <p>The registered provider should ensure that all expressions of dissatisfaction are recorded as complaints and managed in accordance with legislation and DHSSPS care standards for Nursing Homes 2015.</p> | <p>Not met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>A review of the complaints records confirmed that all expressions of dissatisfaction were recorded as complaints. However, the complaints records did not evidence all necessary information in accordance with legislation and DHSSPS care standards for Nursing Homes 2015. This is discussed further in section 6.7.</p> <p>This area for improvement has not been met and has been stated for a second time.</p> | | |

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 19 June to 7 July 2017 evidenced that the planned staffing levels were generally adhered to. On two occasions during that period staffing levels were not attained during the 08.00 to 14.00 hours shift. The registered

manager stated that 'bank' staff were not available on either date and that the needs of patients were effectively met by the staff that were on duty. The registered manager confirmed that she conducts a monthly analysis which assesses the dependency of patients within the home in order to determine the required staffing levels. A review of these records highlighted that the dependency tool being used by the registered manager only includes the patients requiring nursing care within the home and does not include the care needs of residential patients within the home. The need to employ a method of analysis which considers the care needs of all patients within the home when determining staffing levels was emphasised in order to ensure that the needs of all patients are met in a safe and effective manner. This will be reviewed at future care inspections.

Observation of the delivery of care on the day of the inspection provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels. Feedback from staff in relation to staffing levels did highlight some concerns that there was inadequate care staff on duty. These comments were shared with the registered manager before completion of the inspection to action and review.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager confirmed that an 'adult safeguarding champion' was identified for the home.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However, a number of weaknesses relating to the environment were identified. Four radiator covers were found to be in a state of disrepair and as such could not be cleaned in keeping with best practice guidance for IPC. These deficits were discussed with the registered manager who acknowledged that these areas required attention. An area for improvement under standards was identified.

During a review of the environment the inspector further identified three separate areas where patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and an area for improvement under regulation was identified and stated for a second time to ensure COSHH regulations were adhered to. The three areas identified were addressed on the day of inspection.

As highlighted in the last care inspection, a metal stair gate is located at the top of a flight of stairs opposite the first floor nursing station. Discussion with staff confirmed that the stair gate was in place to prevent mobile patients gaining access to the stairwell. Observation of this stair gate evidenced that it was left open and unattended between 10.25 and 10.36 hours. The stair gate was further observed on a second occasion to be left open and unattended at 12.05 hours. As such, this placed patients who may access the stairwell via the stair gate at risk of harm and was highlighted to the registered manager. An area of improvement under regulation was highlighted and stated for a second time.

Observation of the home environment and discussion with the registered manager confirmed that the home's elevator was being repaired by contracted engineers on the day of the inspection. It was further observed as a consequence of these works, that the lift shaft was left partially exposed and unattended with no form of protective barrier to safeguard patients, staff or visitors who could access this area. This was immediately brought to the attention of the registered manager who took appropriate action to ensure that the elevator area was safely managed at all times. The need to ensure the safety and well-being of patients at all times when remedial works are underway within the home was stressed. An area for improvement under regulation was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the reporting of notification of incidents to appropriate bodies; governance arrangements for the management of staff; promoting a culture of teamwork within the home.

Areas for improvement

Areas for improvement under regulation were identified in relation to compliance with COSHH regulations and ensuring the health and safety of patients within the home.

An area for improvement under standards was highlighted in relation to compliance with infection prevention and control standards.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 1 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a

handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. A review of records also evidenced that patient and/or relatives meetings were held regularly. The lack of attendee signatures is further discussed in section 6.7.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT).

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of two patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. There was also further evidence that the care planning process included input from patients and/or their representatives, if appropriate. Regular communication with representatives within the daily care records was also found.

While two patients' care records did evidence that a range of validated risk assessments were used and informed the care planning process, weaknesses were identified in a third patient's care records with regards to the holistic assessment of care needs. Care records highlighted that a number of important risk assessments had not been undertaken in a timely manner following the patient's admission, such as, a nutritional risk assessment; falls history and risk assessment and pressure sore assessment. Weaknesses were further highlighted regarding the provision and review of nursing care plans for this patient. The care records evidenced that care plans were limited and lacking in detail; not dated, signed or reviewed. This was highlighted to the registered manager and two areas for improvement under regulation were identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to fire safety practices; promoting communication between residents, staff and family members.

Areas for improvement

Areas for improvement under regulation were identified in regards to the assessment of patients following admission and the provision and review of care plans.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 0 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and mostly timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"I couldn't complain."
 "It's lovely living here."
 "I'm well looked after."

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence that they considered the registered manager to be supportive and approachable.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff not on duty to complete; 10 for relatives and eight for patients. At the time of writing this report, seven patients, two staff and one relative had returned their questionnaires. The respondents stated that they were 'Very satisfied' with the care being provided.

Observation of the lunch time meal on both the ground floor and first floor evidenced that patients were given a choice in regards to the meals being served. The dining areas on the ground and first floor appeared to be appropriately clean and tidy. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. Weaknesses were identified with regards to the lack of an adequate menu on display for patients dining on the ground floor. Although the registered manager did confirm that a menu was on display in the ground floor lounge, its size and location made it ineffective. An area for improvement under standards was identified.

It was further observed that patients who dined on the ground floor lacked any dedicated dining area with staff serving them meals while they remained seated in the 'Bellevue Suite'. This was discussed with both the registered manager and responsible individual and the importance of ensuring that all patients within the home have a choice of dining in a dedicated dining area was stressed. An area for improvement under standards was identified. This matter has also been referred to the estates inspector for further consideration.

It was further observed that eight patients seated within the first floor dining room waited for 15 minutes before being served their lunch time meal. Staff should only assist patients to dining areas when the serving of meals is imminent so as to avoid any physical and/or emotional distress to patients. An area for improvement under standards was identified and stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives and taking account of the views of patients; awareness of and adherence to the dietary requirements and preferences of patients.

Areas for improvement

The following areas were identified as areas for improvement under standards: the timely serving of meals to patients; the effective display of menus for patients and the dining experience of patients on the ground floor.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff who were spoken with were able to describe their roles and responsibilities.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

A certificate of public liability insurance was current and displayed. Following discussion with care staff and a review of care records it was evidenced that the home was not operating within its registered categories of care and this was subsequently confirmed by both the registered manager and responsible individual. Consequently, although the registration certificate was displayed appropriately it was not up to date and did not reflect current care provision within the home. This was identified as an area for improvement under regulation. The registered manager and responsible individual were informed of their need to make appropriate application to RQIA without delay so that any variation to their statement of purpose could be considered. At the time of writing this report RQIA has received this requested application from the responsible individual and it is currently being reviewed.

A review of records evidenced that monthly monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement.

Discussion with the registered manager and a review of records confirmed that all complaints had been addressed and any expressions of dissatisfaction were recorded. An analysis of complaints was also completed on a monthly basis by the registered manager. A deficit was nevertheless identified as the complaints records for May 2017 did not evidence the date on which a complaint was received or by whom. The record also failed to provide the date on which the complaint was satisfactorily resolved in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. An area for improvement under standards was highlighted and stated for a second time.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to:

- accidents and incidents
- weight loss
- care records
- the use of bedrails
- restraint
- pressure sores.

Deficits were identified with regards to the auditing of catheter care for patients. Although a monthly audit of patients requiring a urinary catheter was in place, records were observed to be inaccurate with the date of insertion being incorrectly recorded. It was also highlighted that the records failed to identify the specific catheter being used during each procedure. An area for improvement under standards was highlighted.

The registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. A 'general staff meeting' had occurred on 26 June 2017 along with a patient/relative meeting on 2 May 2017. Staff confirmed that such meetings were held and that the minutes were made available. Although the importance of obtaining attendee signatures was discussed at the previous care inspection, it was noted that staff signatures were not obtained as a record of attendance for these meetings. An area of improvement under standards was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and review of policies and procedures; records relating to the selection and recruitment of staff.

Areas for improvement

An area for improvement under regulation was identified in relation to registration requirements.

Areas for improvement under standards were identified in relation to the management of complaints; the auditing of catheter care for patients; the management of meetings.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 2 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine Boyce, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

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|---|---|
| <p>Area for improvement 1</p> <p>Ref: Regulation 12 (2) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p> | <p>The registered persons must ensure that suitable measures are put in place to ensure patients health and welfare. This requirement is made specifically in regards to the stairwell on the first floor. A risk assessment should be undertaken and any outcomes shared with staff and relevant others to ensure that patients are not exposed to unnecessary risks and to ensure that all staff use such equipment appropriately at all times.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A risk assessment has been completed and shared with all staff. The stair gate has been replaced and fitted with a self closing mechanism to ensure it closes at all times. Notices are also in place to remind visitors and relatives to check this gate is closed at all times.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p> | <p>The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All domestic and kitchen staff have been given supervisions regarding storing chemicals. Further COSHH training has been arranged for 22/8/17 to re enforce this. Spot checkes have been carried out by the Manager to ensure this is being complied with.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered persons must ensure that the internal environment of the home is managed so as to ensure the safety and well-being of patients at all times. Visiting contractors should be appropriately orientated to the home with precautions which safeguard patients/staff and visitors being agreed to prior to any maintenance work being commenced.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All contractors coming into the Home must sign a permit to work and ensure all safety measures are carried out to protect residents and staff in the Home at all times</p> |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p> | <p>The registered persons must ensure that patients' care plans accurately and comprehensively reflect assessed needs; are dated and signed by the author of the care plan and are reviewed in a timely manner.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Trained staff are aware of the importance of completing and updating careplans in a timely manner. Audits of new residents care plans are normally done on the first week of admission to ensure all information is in place.</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p> | <p>The registered persons must ensure that patients' needs are holistically assessed following admission and kept under review subsequent to any change in need.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: A number of care plans are audited each month and action plans compiled for any deficits. A planner is used to ensure all care plans are audited throughout the year</p> |
| <p>Area for improvement 6</p> <p>Ref: Regulation 3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered persons must ensure that the home is operating in compliance with its statement of purpose at all times.</p> <hr/> <p>Response by registered person detailing the actions taken: RQIA will be notified of any proposed changes to the Registration of the Home.</p> |
| <p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p> | <p>The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All maintenance issues will be dealt with in a timely manner. A housekeeping audit is carried out at least monthly to identify any maintenance issues.</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: 25 July 2017</p> | <p>The registered persons shall ensure that all practices and routines within the home promote and safeguard the principles of patient dignity and respect at all times, specifically in relation to the serving of meals.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Spot checks at meal times upstairs have shown no repeat of staff leaving residents unattended prior to meals being served . On the day of the inspection a Resident was being assisted on to an ambulance just as lunch was being served. All staff are now aware someone should have been allocated to the dining room during this time.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p> | <p>The registered persons shall ensure that menus are effectively displayed for all patients throughout the home across all meal times.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: A copy of the monthly menus has now been placed on both floors of the Home for the Residents convenience.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p> | <p>The registered persons should ensure that the internal environment of the home along with dining practices and routines promote and safeguard patient choice at all times, specifically the provision of dining space for patients on the ground floor.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: A questionnaire was issued to the Residents on the ground floor to ascertain if they were happy with current arrangements. The results of this proved to be the case. A table in the downstairs lounge is provided for the two residents who prefer to sit there.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 16</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p> | <p>The registered persons should ensure that all expressions of dissatisfaction are recorded as complaints and managed in accordance with legislation and DHSSPS care standards for Nursing Homes 20015.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: All expressions of dissatisfaction by the Residents are always taken seriously and acted on as required.</p> |

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| <p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p> | <p>The registered persons should ensure that a robust and comprehensive audit is accurately maintained, specifically in relation to catheter care for patients.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: A catheter audit has always been carried out monthly and will continue to be done hereafter.</p> |
| <p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered persons should ensure that attendee signatures are obtained in respect of all meetings.</p> <p>Ref: Section 6.7.</p> <hr/> <p>Response by registered person detailing the actions taken: All attendees at meeting will now be asked to sign that they have attended and kept with the minutes of the meeting.</p> |

Please ensure this document is completed in full and returned via nursing.team@rqia.org.uk from the authorised email address



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